1824 EAST PARK PLACE

MI LWAUKEE 53211 Phone: (414) 961-1115	5	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	98	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	109	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	74	Average Daily Census:	65
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31/	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	63. 5
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	17. 6	Under 65	23. 0	1 - 4 Years More Than 4 Years	29. 7 6. 8
Day Services	No	Mental Illness (Org. /Psy)	20. 3	65 - 74	20. 3		
Respite Care	No	Mental Illness (0ther)	9. 5	75 - 84	23. 0	I	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	4. 1	85 - 94	27. 0	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & 0ver	6. 8	Full-Time Equivalent	
Congregate Meals	No	Cancer	0. 0		[Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	2. 7		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	20. 3	65 & 0ver	77. 0		
Transportati on	No	Cerebrovascul ar	9. 5			RNs	8. 4
Referral Service	No	Di abetes	4. 1	Sex	% j	LPNs	10. 3
Other Services	No	Respi ratory	10. 8		· Ì	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	33.8	Aides, & Orderlies	47.8
Mentally Ill	Yes			Female	66. 2		
Provide Day Programming for			100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;]	Family Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	2	3. 2	145	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	2	2. 7
Skilled Care	2	100. 0	330	49	77.8	122	1	100.0	122	5	100. 0	145	3	100.0	122	0	0.0	0	60	81. 1
Intermediate				2	3. 2	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				10	15. 9	171	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	13. 5
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100. 0		63	100.0		1	100. 0		5	100.0		3	100. 0		0	0.0		74	100. 0

PARK MANOR HEALTH CARE CENTER

Deaths During Reporting Period	·						
		ĺ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	15. 4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	9. 5		45 . 9	44. 6	74
Other Nursing Homes	42.3	Dressi ng	9. 5		45. 9	44. 6	74
Acute Care Hospitals	39. 7	Transferring	9. 5		45. 9	44. 6	74
Psych. HospMR/DD Facilities	1. 3	Toilet Use	9. 5		45. 9	44. 6	74
Rehabilitation Hospitals	0.0	Eati ng	13. 5		70. 3	16. 2	74
Other Locations	1.3	********	******	*****	******	********	*******
Total Number of Admissions	78	Conti nence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	8. 1	Receiving Resp	iratory Care	2. 7
Private Home/No Home Health	12.8	Occ/Freq. Incontinen	t of Bladder	67. 6	Receiving Trac	heostomy Care	2. 7
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	43. 2	Receiving Suct	i oni ng	1.4
Other Nursing Homes	10.6	<u>-</u>			Receiving Osto	my Care	1.4
Acute Care Hospitals	2. 1	Mobility			Recei vi ng Tube	Feedi ng	9. 5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	4. 1	Receiving Mech	anically Altered Diets	45. 9
Rehabilitation Hospitals	0.0				9	· ·	
Other Locations	8. 5	Skin Care			Other Resident C	Characteri sti cs	
Deaths	66 . 0	With Pressure Sores		1.4	Have Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes		1.4	Medi cati ons		
(Including Deaths)	47	İ			Receiving Psyc	hoactive Drugs	73. 0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	Ownershi This Propriet Facility Peer Grou		pri et ary	100	Si ze: - 199 · Group	Ski	ensure: lled Group	Al : Faci :	l lities		
	% % Ratio		Ratio	%	% Ratio		Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	59. 6	77. 1	0. 77	85. 7	0. 70	82. 7	0. 72	84. 6	0. 70		
Current Residents from In-County	100	82. 7	1. 21	86. 1	1. 16	85. 3	1. 17	77. 0	1. 30		
Admissions from In-County, Still Residing	60. 3	19. 1	3. 15	17. 5	3. 44	21. 2	2.85	20. 8	2. 90		
Admissions/Average Daily Census	120. 0	173. 2	0. 69	212. 2	0. 57	148. 4	0. 81	128. 9	0. 93		
Discharges/Average Daily Census	72. 3	173.8	0. 42	210. 1	0. 34	150. 4	0. 48	130. 0	0. 56		
Discharges To Private Residence/Average Daily Census	9. 2	71.5	0. 13	87. 3	0. 11	58. 0	0. 16	52. 8	0. 17		
Residents Receiving Skilled Care	83. 8	92.8	0. 90	93. 8	0.89	91. 7	0. 91	85. 3	0. 98		
Residents Aged 65 and Older	77. 0	86. 6	0.89	94. 0	0. 82	91. 6	0.84	87. 5	0. 88		
Title 19 (Medicaid) Funded Residents	85. 1	71. 1	1. 20	60. 5	1. 41	64. 4	1. 32	68. 7	1. 24		
Private Pay Funded Residents	6. 8	13. 9	0. 49	26. 1	0. 26	23. 8	0. 28	22. 0	0. 31		
Developmentally Disabled Residents	17. 6	1. 3	13. 11	0. 9	18. 57	0. 9	18. 69	7. 6	2. 32		
Mentally Ill Residents	29. 7	32. 5	0. 91	27. 3	1.09	32. 2	0. 92	33. 8	0. 88		
General Medical Service Residents	0. 0	20. 2	0.00	27. 4	0.00	23. 2	0.00	19. 4	0.00		
Impaired ADL (Mean)	64. 3	52.6	1. 22	51. 2	1. 26	51. 3	1. 25	49. 3	1. 31		
Psychological Problems	73. 0	48. 8	1. 50	52. 4	1. 39	50. 5	1. 45	51. 9	1. 41		
Nursi ng Care Requi red (Mean)	8. 3	7. 3	1. 13	6. 7	1. 24	7. 2	1. 15	7. 3	1. 13		